

Name _____

Coconino County Sheriff's Office

Background Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. Type or write the questionnaire
2. Write or print legibly
3. Read each question carefully
4. Answer each question completely and accurately
5. Answer all questions
6. If a question does not apply, write N/A in the space
7. If you need additional space, write on back of page
8. Sign the consent to polygraph examination form
9. **Fill in the date you want to test on the bottom of page one (1) of this questionnaire (Detention Officer Candidates Only)**
10. Have Page 15 of this application notarized
11. When completed, return to:

**Detention Officer Recruiter
Coconino County
911 E. Sawmill Rd.
Flagstaff, AZ 86001**

Coconino County Detention Services # (928)226-5307

Note:

Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Please type or print legibly.

*Include complete address: Zip codes, Street addresses, City, State.

*Include complete telephone numbers: Area code and number.

Coconino County Sheriff's Office

Date _____

Position: check one

() Detention Officer () Detention Support Specialist () Detention Cook

() Detention Maintenance Technician

() Other _____

() Full Time () Part-time (# of hours desired _____)

TO THE APPLICANT:

Those who will be considering you for employment with the Coconino County Sheriff's Office will use this questionnaire for reference.

An extensive background investigation of your personal history will be conducted.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that I will not receive, and I am not entitled to, a copy of the report or to know its contents, and I further understand that the contents will be used in an evaluation process for employment with the Coconino County Sheriff's Office. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given to me. If I am not selected for employment, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY & COMPLETELY.

The existence of any of the conditions listed on the second page of this application may result in rejection from the selection process. These areas will be explored during an extensive background investigation, and polygraph examinations.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Signature

Date

Coconino County is an Equal Employment Opportunity and Affirmative Action Employer.

Have you read the job announcement?
Testing Date: _____ (for Detention Officer Candidates only)

Coconino County Sheriff's Office

CIVILIAN AND DETENTION

CRITERIA STANDARDS FOR DISQUALIFICATIONS

1. NON-UNITED STATES CITIZEN AND NOT ELIGIBLE FOR WORK IN THE UNITED STATES.
2. FELONY CONVICTION WITHIN THE PREVIOUS 10 YEARS.
3. PARTICIPATION IN ANY SERIOUS CRIME.
4. YOUNGER THAN 18 YEARS OF AGE, OR 19 FOR DETENTION OFFICER.
5. MISDEMEANOR CONVICTION INVOLVING DOMESTIC VIOLENCE WITHIN THE PREVIOUS 5 YEARS.
6. UNLAWFUL SELLING OR MANUFACTURE OF ANY ILLICIT SUBSTANCES ex:
DANGEROUS DRUGS, NARCOTICS, STEROIDS, PRESCRIPTION MEDICATIONS.
7. USED MARIJUANA WITHIN THE PAST TWELVE (12) MONTHS.
8. EXPERIMENTED WITH DANGEROUS DRUGS AND/OR NARCOTICS WITHIN THE PAST FIVE (5) YEARS.
9. USED DRUGS, NARCOTICS OR MARIJUANA FOR PURPOSES OTHER THAN EXPERIMENTATION.
10. MISUSE OF PRESCRIPTION DRUGS.
11. SEXUAL CONDUCT PROHIBITED BY LAW.
12. LACK OF FINANCIAL RESPONSIBILITIES AS INDICATED BY YOUR RESPONSES TO THE ATTACHED QUESTIONS.
13. HISTORY OF DISREGARD FOR TRAFFIC LAWS AND/OR A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.
14. NO HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT EQUIVALENT.
15. DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES.

**ANY DISHONESTY OR FAILURE TO DISCLOSE INFORMATION DURING THE
HIRING PROCESS WILL DISQUALIFY YOU**

**THESE STANDARDS ARE EXPECTED TO BE MAINTAINED DURING
EMPLOYMENT**

Revised July 2007

COCONINO COUNTY SHERIFF'S OFFICE

Where necessary, use the reverse side of page to complete answers throughout this questionnaire.

I. PERSONAL INFORMATION

Last Name	First Name	Middle (full)
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Social Security Number	Date of Birth	Place of Birth
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Current Address (Street & Number)	City	State	Zip code
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Length of time at current address? _____

Home Phone #	Work Phone #	Message Phone #
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Height	Weight	Hair	Eyes
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List any other names, social security numbers and/or dates of birth you have used.

Current Employment Work Hours	Days Off	Will you work various shifts? _____
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List all residences in the last ten (10) years:

Address (Street & Number)	City	State	Zip code	Dates from – to
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Address (Street & Number)	City	State	Zip code	Dates from - to
---------------------------	------	-------	----------	-----------------

Address (Street & Number)	City	State	Zip code	Dates from - to
---------------------------	------	-------	----------	-----------------

Address (Street & Number)	City	State	Zip code	Dates from - to
---------------------------	------	-------	----------	-----------------

Address (Street & Number)	City	State	Zip code	Dates from - to
---------------------------	------	-------	----------	-----------------

Coconino County Sheriff's Office

II. MARITAL STATUS

Status (check one): Married () Single () Separated () Widowed () Co-Habitat ()

If male and married, list wife's maiden name: _____

Spouse's Name	Date of Birth	Spouse's Occupation
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Child's Name	Date of Birth	Address
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Child's Name	Date of Birth	Address
--------------	---------------	---------

Child's Name	Date of Birth	Address
--------------	---------------	---------

Child's Name	Date of Birth	Address
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List all persons with whom you have lived with during the past five years. Do not include family members

Name	Street Address	City, State, Zip Code	Telephone (area code)	Relationship
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Family References: List all immediate relatives; parents, siblings, in-laws and ex-spouses.

Name	Relationship	Age	Street Address	City/State/Zip	Telephone (area code)
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Coconino County Sheriff's Office

EMPLOYMENT HISTORY

List all places of employment and unemployment in the past ten (10) years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, OMIT NONE! (Use the following page if necessary)

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

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Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone

Salary:

Start: _____

End: _____

Employer Telephone Number (include area code)

May we contact the employer? Y or N

Reason for leaving (ie: resigned, fired, laid-off)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone

Salary:

Start: _____

End: _____

Employer Telephone Number (include area code)

May we contact the employer? Y or N

Reason for leaving (ie: resigned, fired, laid-off)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone

Salary:

Start: _____

End: _____

Employer Telephone Number (include area code)

May we contact the employer? Y or N

Reason for leaving (ie: resigned, fired, laid-off)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone

Salary:

Start: _____

End: _____

Employer Telephone Number (include area code)

May we contact the employer? Y or N

Reason for leaving (ie: resigned, fired, laid-off)

References:

List three (3) references (not relatives, or former employers) who are responsible adults, and who have known you well during the past five (5) years: INCLUDE PHONE NUMBERS WITH AREA CODES

Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
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Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
-----------------	-------------------------------	--------------

Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
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List the names of any acquaintances employed by the Coconino County Sheriff's Department:

Have you ever applied to, or been employed by the Coconino County Sheriff's Office in any capacity as a paid employee or a volunteer?

_____ Yes _____ No If YES, Date & Position: _____

Have you ever applied with another law enforcement agency?

_____ Yes _____ No If Yes, explain (use back of page if necessary):

Date	Name of Agency	Status of Application
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Date	Name of Agency	Status of Application
------	----------------	-----------------------

Date	Name of Agency	Status of Application
------	----------------	-----------------------

Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

_____ Yes _____ No If YES, when/where: _____

Have you ever received any law enforcement training? _____ YES _____ NO If YES, explain:

When	Where	Type of training
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Coconino County Sheriff's Office

Education & Training

List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED date if applicable:

<u>DATE GRADUATED</u>	<u>SCHOOL NAME</u>	<u>ADDRESS</u>	<u>DIPLOMA RECEIVED</u>
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List any skills or abilities possessed (include foreign languages):

Military Status

Have you ever served in the United States Armed Forces in any capacity? _____ Yes _____ No If Yes, explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date
Are you Registered with the Selective Service? Yes _____ No _____ N/A _____			

Local Board #	Address	Draft Class	Date Classified
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How did you hear about the position you've applied for? (check all that applies)

<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Television
<input type="checkbox"/>	Coconino County Human Resources
<input type="checkbox"/>	Other _____

Coconino County Sheriff's Office

ARREST HISTORY

Have you ever been given a Ticket, Arrested, convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.)

Yes ____ No ____ If Yes, describe them below:

Date	Location	Arresting Agency	Original Charge	Charge Reduced To:	Disposition / Court Action

CIVIL ACTION: (List all civil actions in which you were a party)

Date	Location / Court	Action or Proceeding	Disposition / Court Action

DRIVING HISTORY

List below any Traffic and/or Parking citations since you began driving, in this county or any other county.

Date	Location	Issuing Agency	Original Charge	Charge Reduced To:	Disposition	Accident Related Y/N

Do you currently possess a valid Arizona Driver's License? ____ Yes ____ No

Expiration Date License Number and Type

Have you ever been licensed to drive in another state? ____ Yes ____ No If Yes, list below:

State License Number and Type

Have you ever had your license revoked, suspended, or restricted? ____ Yes ____ No If Yes, explain

State

Coconino County Sheriff's Office

Illegal Use of Drugs/Controlled Substances:

TYPE OF DRUG	HAVE YOU EVER TRIED? ANSWER "YES" or "NO"	IF "YES" HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN? Answer "YES or "NO"
MARIJUANA						
HASHISH						
COCAINE/ CRACK						
METHAMPHETAMINE/ SPEED						
HEROIN						
OPUIM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTIONS						

31. IF YOU ANSWERED "YES" ON ANY OF THE AREAS IN QUESTION # 30, PROVIDE FULL EXPLANATION ON CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

a. How the drug was ingested or consumed:

b. The duration of usage:

c. The motivation for use:

d. How the drug was obtained;

e. Why you stopped using the drug;

f. Any other factors you believe are relevant.

Coconino County Sheriff's Office

11. ANSWER THE FOLLOWING

(Use page 13 for detailed explanations)

- | | | |
|----|--|----------------|
| A) | Have you ever had your wages attached? | YES () NO () |
| B) | Have you ever been a party to a small claims or other court action? | YES () NO () |
| C) | Have you ever been involved with any civil court action? | YES () NO () |
| D) | Have you ever had judgement rendered against you? | YES () NO () |
| E) | Have you ever been refused credit? | YES () NO () |
| F) | Have you ever had any property repossessed? | YES () NO () |
| G) | Have you ever been fired, discharged or asked to resign from any position? | YES () NO () |
| H) | Have the police ever been called to your home? | YES () NO () |
| I) | Have you ever committed any criminal violation that has gone undetected? | YES () NO () |
| J) | Have you or your spouse ever been sued or summoned into court? | YES () NO () |
| K) | Have any relatives of you ever had any gambling debts? | YES () NO () |
| L) | Do you now or have you ever had any gambling debts? | YES () NO () |
| M) | Have you ever used an employer's money to gamble with? | YES () NO () |
| N) | Have you ever worked for a gambling operation or booked any bets? | YES () NO () |
| O) | Have you ever had an FBI fingerprint check done for any reason? | YES () NO () |
| P) | In any employment setting, including military service, have you received any Verbal or written reprimands or suspensions for violations of company policy? | YES () NO () |
| Q) | Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? | YES () NO () |
| R) | In any job that you've held, have you been involved in any physical or major verbal confrontations? | YES () NO () |
| S) | Would you be able to follow direct orders, even though you may not Agree with them? | YES () NO () |
| T) | In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? | YES () NO () |

Coconino County Sheriff's Office

11. ANSWER THE FOLLOWING

(Use page 13 for detailed explanations)

- | | | |
|-----|---|----------------|
| U) | Have you ever left a place of employment without giving two weeks notice? | YES () NO () |
| V) | Have you ever operated a motor vehicle while under the influence of alcohol
Or drugs, to the point that you knew you should not have been driving? | YES () NO () |
| W) | Have you ever been extensively delinquent on any of your financial obligations? | YES () NO () |
| X) | Have you ever filed for bankruptcy? | YES () NO () |
| Y) | Have you ever had any of your financial obligations turned over to a
collections agency? | YES () NO () |
| Z) | Are you now current on your financial obligation? | YES () NO () |
| AA) | Have you ever been placed on court supervision or probation? | YES () NO () |
| BB) | Have you ever had any court proceedings expunged? | YES () NO () |
| CC) | Have you been unemployed during the last 10 years? If yes, explain below
How you supported yourself. | YES () NO () |
| DD) | Do you pay child support or spousal maintenance? | YES () NO () |
| EE) | Are your support payments current? | YES () NO () |

Coconino County Sheriff's Office

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A –EE:

List the date of each occurrence

[illegible]

Do you need an accommodation in the application or testing process due to a disability?

____ Yes ____ No If yes, please describe the desired accommodation. _____

CONSENT TO POLYGRAPH EXAMINATION

I, _____, age ____ of my own free will, do voluntarily and without duress agree to submit to a polygraph examination, more commonly known as "Lie Detector Test".

In the event I am employed by the Coconino County Sheriff's Office, I do also grant my employer, Coconino County, the right to dismiss me at any time if I refuse to take a polygraph examination during the investigation of any action, claim or grievance against the Coconino County Sheriff's Office, and/or during an internal security investigation by the County of Coconino and/or the Coconino County Sheriff's Office.

I have carefully read all the foregoing and fully understand its contents.

Signature _____ Date _____

CONDITIONS OF EMPLOYMENT

Please read carefully before signing

Pursuant to A.R.S. 39-121, your application and resume may be considered public records and, as such may be available to any person, including the news media. In submitting this application, I understand that false statements or omissions will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, education, institutions, persons, law enforcement agencies, military services, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. In addition, I understand that I must live within the district to which I am assigned insuring a 20-minute response time to the duty station and that within 30 days of hire I must maintain a phone in my principal residence. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature _____ Date _____

Coconino County Sheriff's Office

Authorization to Release Information

As an applicant for a position with the Coconino County Sheriff's Office. I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature: _____

Print your name: _____

Notary Public: State of _____, County of _____

On this _____ day of _____, 200_, personally appeared before me _____ known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same for the purpose therein contained.

Signature of Notary Public: _____

My commission expires: _____